



CENTRON SECURITY SERVICES

Daily Security Report

Client No. 2036	Client Name O. H. Metals	Location 1002 Omega St.	Date 4/19/89									
Facility Equipment ✓	Detax Clock ✓	Weapon No. —	Holster —	Nightstick —	Raiscoat ✓	Flashlight ✓	Other 3 Keys, Logbook + Phone					
Officers: Fully explain all items marked "Yes" with time and all detail. For additional space use reverse side and attach incident reports.				Officer—Day Shift (Name) Kenneth Fialif		Officer—Swing Shift (Name) otc Del Vecchio		Officer—Grave Shift (Name) R. Dealing				
Shift Began 8 AM Ended 4 AM				Shift Began 4 AM ended 12 PM				Shift began 12 AM Ended 8 AM				
Observations or actions taken	Yes	No	Explanation	Yes	No	Explanation	Yes	No	Explanation			
Rounds or stations missed		✓			✓			✓				
Unlocked doors, gates or windows		✓			✓			✓				
Unlocked vaults or safes		✓			✓			✓				
Fire-smoke-or hazards		✓			✓			✓				
1. Extinguishers missing or defective		✓			✓			✓				
2. Sprinkler system defective		✓			✓			✓				
3. Fire doors or exits blocked		✓			✓			✓				
4. Rubbish accumulation		✓			✓			✓				
5. Motors running		✓			✓			✓				
6. Lights left burning		✓		✓		AS required	✓		AS required			
Injury hazards		✓			✓			✓				
Visitors		✓			✓		✓		CPT Miller			
Trespassing		✓			✓			✓				
Violation of company rules		✓			✓			✓				
Remarks												
IMPORTANT: If you were ill or injured please explain on the reverse side of this form and call your supervisor before leaving this post.												
1. Were you injured during this tour?	Day Shift Yes No	1. Yes No	2. Yes No	3. Yes No	Swing Shift Yes No	1. Yes No	2. Yes No	3. Yes No	Grave Shift Yes No	1. Yes No	2. Yes No	3. Yes No
2. Did you suffer any illness?	Yes No	Yes No	Yes No	Yes No	Yes No	Yes No	Yes No	Yes No	Yes No	Yes No	Yes No	Yes No
3. Have you reported all accidents coming to your attention?	Yes No	Yes No	Yes No	Yes No	Yes No	Yes No	Yes No	Yes No	Yes No	Yes No	Yes No	Yes No
Michael M. Miller cpt 12:00 PM	Signatures 1.	Kenneth Fialif			Signatures 1.	otc Del Vecchio			Signatures 1.	R. Dealing		
	Signatures 2.				Signatures 2.				Signatures 2.			
	Signatures 3.				Signatures 3.				Signatures 3.			

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